
TESTIMONY IN SUPPORT OF SENATE BILL 119

Legally Protected Health Care - Gender-Affirming Treatment

Health and Government Operations Committee

March 20, 2024

Social Work Advocates for Social Change strongly supports SB 119, which would alter the definition of “legally protected health care” to include certain gender-affirming care (GAC). This change provides legal safeguards for healthcare professionals who administer already legal GAC care to transgender individuals. As social work students and professionals, we are dedicated to protecting the rights and dignity of vulnerable populations. Shielding healthcare providers from legal repercussions is necessary because it addresses a public health crisis, aligns with medical expertise and ethics, ensures continuity of care for GAC patients, and provides freedom from government overreach in healthcare.

SB 119 is consistent with and builds on previous work of the Maryland General Assembly and Governor Moore. Last year, the General Assembly passed the Reproductive Health Protection Act, which protects reproductive health providers, patients, and support networks from out of state litigation. SB 119 applies the same shielding protections to providers of GAC, ensuring that patients get the treatment they need. Moreover, the Governor signed an executive order that protects those seeking, receiving, and providing GAC in Maryland from attempts at legal punishment by other states.¹ However, executive orders can be overturned. This bill would codify the action taken by the Governor to ensure that Maryland providers of GAC continue to have their rights and liberties protected.

SB 119 addresses a public health crisis. Providers of GAC give life-saving care to trans people – and, particularly, youth, who have high rates of suicide attempts and thinking about suicide, also known as suicidality.² Puberty blockers are linked to lower suicide risk for trans individuals.³ GAC is linked to lower rates of depression, self-harm, and suicidality.⁴ A recent survey of transgender people in the United States found that 98% of people who were currently receiving hormone treatment, and 97% who underwent some form of gender affirming surgery were more satisfied.⁵ Given these experiences, it is unsurprising that regret and retransitions are rare.⁶ If doctors are subject to legal repercussions for providing GAC, trans people will have worse mental health and safety outcomes.

¹ Office of Wes Moore (2023). <https://governor.maryland.gov/news/press/pages/Governor-Moore-Signs-Executive-Order-to-Protect-Gender-Affirming-Health-Care-in-Maryland.aspx>

² Austin et al. (2020). Suicidality among transgender youth: Elucidating the role of interpersonal risk factors. <https://pubmed.ncbi.nlm.nih.gov/32345113/>

³ Fitzsimmons (2020). Puberty blockers linked to lower suicide risk for transgender people. <https://www.nbcnews.com/feature/nbc-out/puberty-blockers-linked-lower-suicide-risk-transgender-people-n1122101>

⁴ Tordoff et al. (2022). Mental health outcomes in transgender and nonbinary youths receiving gender-affirming care. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2789423>

⁵ James et al. (2024). 2022 U.S. transgender survey: Early insights. National Center for Transgender Equality. https://transequality.org/sites/default/files/2024-02/2022%20USTS%20Early%20Insights%20Report_FINAL.pdf

⁶ Olson et al. (2022). Gender identity 5 years after social transition. *Pediatrics*. <https://publications.aap.org/pediatrics/article/150/2/e2021056082/186992/Gender-Identity-5-Years-After-Social-Transition?autologincheck=redirected>

SB 119 aligns with existing medical expertise and ethical standards. Many prominent medical associations support GAC and denounce legislation that undermines medical recommendations in favor of misinformed ideological stances.⁷ For instance, the Pediatric Endocrine Society notes that puberty suppression and other GAC may be used as is medically necessary, particularly if it is evidence-based and potentially lifesaving.⁸

SB 119 will ensure continuity of care for patients receiving GAC. Healthcare professionals stress the negative impact on patients if GAC is suddenly stopped. For example, the Texas Medical Association submitted testimony for a state bill that would prohibit all forms of GAC for youth, saying that sudden removal of hormones could have negative health effects for the patient.⁹

SB 119 provides freedom from government involvement in personal health matters. Receiving GAC is a collaborative decision between families and healthcare professionals who know and care for their patients. The state should not get to decide who can administer and access certain forms of healthcare. Maryland can continue to be a safe haven for trans people in a time when there exist bans or proposed bans on GAC for youth in neighboring states, such as West Virginia and Ohio.¹⁰ The National Center for Transgender Equality recently found that nearly half (47%) of over 90,000 respondents had thought about moving to another state because of the expansion of restrictive laws. In addition, losing healthcare providers to legal proceedings harms everyone, not just people seeking or receiving GAC.

This topic has already been debated in this legislative body and deemed medically necessary with the passing of the Trans Health Equity Act in 2023.¹¹ **SB 119 does not change the type of GAC that someone can access.**

We thank Chair Peña-Melnyk and the Health and Government Operations Committee for their time and consideration of SB 119. **Social Work Advocates for Social Change urges a favorable vote on SB 119.**

Social Work Advocates for Social Change is a coalition of MSW students at the University of Maryland, Baltimore School of Social Work that seeks to promote equity and justice through public policy, and to engage the communities impacted by public policy in the policymaking process.

⁷ GLAAD (2023). Medical association statements in support of healthcare for transgender people and youth.

<https://glaad.org/medical-association-statements-supporting-trans-youth-healthcare-and-against-discriminatory/>

⁸ Pediatric Endocrine Society (2021). <https://pedsendo.org/wp-content/uploads/2021/04/The-Pediatric-Endocrine-Society-Statement-TG.pdf>

⁹ Texas Medical Association (2023).

https://www.texmed.org/uploadedFiles/Current/2016_Advocacy/Texas_Legislature/Testimony/TMA_Suggests_Improvements_to_Gender_Affirming_Care_Bill.pdf

¹⁰ Gaur (2023). State Laws on Gender-Affirming Care. <https://www.findlaw.com/lgbtq-law/state-laws-on-gender-affirming-care.html>

¹¹ Miller Jr. (2023). Trans Health Equity Act Passes Maryland House of Delegates.

<https://www.marylandlawyerblog.com/trans-health-equity-act-maryland/>